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CONFIRMATION NO. 7019

|                                   |   |                     |                               |   |
|-----------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10798,902 | <b>FILING OR 371(c)<br/>DATE</b><br>03/11/2004<br><b>RULE</b> | <b>CLASS</b><br>365 | <b>GROUP ART UNIT</b><br>2827 | <b>ATTORNEY<br/>DOCKET NO.</b><br>AUS920031079US1 |
|-----------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

Sam Gat-Shang Chu, Round Rock, TX;  
 Saiful Islam, Austin, TX;  
 Shelton Siuwah Leung, Austin, TX;  
 Jose Angel Paredes, Austin, TX;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/28/2004

|  |                                   |                                |                               |                                    |
|--|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>TX | <b>SHEETS<br/>DRAWING</b><br>6 | <b>TOTAL<br/>CLAIMS</b><br>20 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                                |                               |                                    |
| Verified and Acknowledged  | Examiner's Signature              | Initials                       |                               |                                    |

**ADDRESS**

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**TITLE****REGISTER FILE**

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| <b>FILING FEE<br/>RECEIVED</b><br>1156 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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